



# APPLICATION FOR TEMPORARY PLUMBING CONTRACTOR'S LICENSE

State Form 45819 (R2 / 11-02)

Approved by State Board of Accounts 2002

\* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1. It is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.

State of Indiana  
**Indiana Professional Licensing Agency**  
302 W. Washington Street, Room E034  
Indianapolis, Indiana 46204-2700  
Telephone: (317) 232-2980  
<http://www.in.gov/pla>

- INSTRUCTIONS:**
1. Please type or print.
  2. \$25.00 license fee + \$75.00 recovery fund surcharge = \$100.00 Permit Fee.
  3. Make check or money order payable to: INDIANA PLUMBING COMMISSION.

## NOTE

1. Application will be returned if incomplete.
2. Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; however, it is not mandatory that it be given. Social Security numbers are made available to the Department of Revenue.
3. Temporary plumbing contractor's license may be issued to an applicant who has an ownership interest in or is an officer of a contracting business, if the plumbing contractor licensee operating the business has died or is physically or mentally unable to operate the business.
4. Temporary plumbing contractor's license does not enable the holder to perform actual plumbing services unless holder is a currently licensed plumbing journeyman or a currently licensed plumbing contractor.
5. The holder of a temporary license may employ a journeyman to perform actual plumbing services pursuant to the temporary license. If the holder is a licensed journeyman, the holder may perform plumbing contracting under the authority of the temporary license.
6. A temporary license will be issued in six (6) month increments, not to exceed two (2) years.

## LICENSURE

Name of plumbing contractor company or corporate name	Telephone number (       )
Address (number and street, city, state, ZIP code)	
1. If the plumbing contracting business is a corporation, indicate the corporation plumbing contractor license number	
2. Name of deceased or physically or mentally incapacitated plumbing contractor licensee, operating the business	
Plumbing contractor license number	Date of death or physical or mental incapacity
If the license holder of the business is not deceased, describe the physical or mental incapacity which is the basis for application for temporary plumbing contractor's license:	

## APPLICANT

3. Full name of applicant for temporary plumbing contractor's license (first, middle, last)		Date of birth (month, day, year)
Residence address (number and street, city, state, ZIP code)		
Residence telephone number (       )	Social Security number *	If applicant is a licensed journeyman plumber, indicate license number:
4. If applicant is not a licensed journeyman, please indicate the name and license number of the licensed journeyman plumber or plumbing contractor who will perform actual plumbing services pursuant to the temporary license.		
Name of licensed journeyman plumber or plumbing contractor		License number of journeyman plumber or plumbing contractor
5. Does applicant have an ownership interest in the above named company or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Is applicant an officer of the above named company or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to question 6 is in the affirmative, indicate applicant's title		

## NOTARY

STATE OF _____		
COUNTY OF _____ } SS:		
I, _____ having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of applicant		Signature of Notary Public
Printed or typed name of applicant		Printed or typed name of Notary Public
Date subscribed and sworn to Notary Public	County of residence	Date commission expires